

FILED JUN 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 18122

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>PERRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>HANDS</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PERRYVILLE</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>RURAL</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>PERRY CO.</u> INSTITUTION <u>MEMORIAL HOSPITAL</u>			Length of stay in lb <u>6 HOURS</u>		d. STREET ADDRESS <u>ST MARYS RNM</u>		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>BABEL</u> <u>BROWN</u>				4. DATE OF DEATH Month Day Year <u>APRIL 20 1957</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>NOV 1 1891</u>	
9. AGE (In years last birthday) <u>67</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>PARIS TENN</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13. FATHER'S NAME <u>JAMES JOHNSON</u>			
14. MOTHER'S MAIDEN NAME <u>ROSELLA JOHNSON</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			
16. SOCIAL SECURITY NO. <u>490-20-9045</u>				17. INFORMANT Address <u>James Brown St. Marys Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Congestive Heart failure approx 2 weeks.</u> <u>arteriosclerotic Heart Disease approx 2-3 yrs.</u> <u>Pneumonia bilateral 2-3 days.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerotic Heart Disease</u> DUE TO (c) <u>Pneumonia bilateral</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4200</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks.</u> <u>approx 2-3 yrs.</u> <u>2-3 days.</u>
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>April 19/57</u> to <u>April 19/57</u> and last saw her alive on <u>April 19/57</u> Death occurred at <u>12:40</u> A. M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deceased or info) <u>Joseph F. Letteworth MD</u>				22b. ADDRESS <u>ST Marys Mo</u>		22c. DATE SIGNED <u>4/20/57</u>	
23a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>APRIL 22 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ST MARYS CITY CEM</u>		23d. LOCATION (City, town, or county) (State) <u>ST MARYS MO</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Sec. Baker St. Seneca Mo</u>				25. DATE RECD. BY LOCAL REG. <u>April 22-57</u>		26. REGISTRAR'S SIGNATURE <u>Joel Zellner</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Adrian J. Ehler

Licensed Embalmer No. 478

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.